the ear to the shoulder is concerned, is the reverse, while the position of the face is the same as that seen after experimental ablation of one lobe of the cerebellum. To answer the second portion of the question, viz., can the sign be used as a symptom of diagnostic value? in the bare affirmation might lead to error, for the relative value of this symptom in comparison with the other symptoms of a cerebellar lesion, is a question which needs most careful consideration in each individual case. It is probably a symptom of less importance than in coordination or weakness; (3) the fact that the position is sometimes present in cases in which there is no gross lesion of the cerebellum is a further reason for not attaching too great importance to the position assumed by the head. In conclusion, it may be said that as an additional and confirmatory sign of cerebellar tumor, the position assumed by the head is of value, but too much importance should not be attached to its presence alone, or when opposed to symptoms which have been shown to possess greater diagnostic value.

4. *Respiratory Centre and Heart Centre in the Frontal Lobe.* (See abstract from *Psychiatrische Bladen* elsewhere.)

5. *Landry's Paralysis.*—The author makes a complete study of the pathological and bacteriological features in a case of Landry's paralysis, the anatomical features of which cannot be adequately summarized. He was able to isolate a micrococcus from the blood, which micrococcus was found in large numbers in the external part of a spinal dura of the same patient. The injection of the cultivated organism into a rabbit produced a rapidly spreading palsy, and the changes in the nervous system in both the patient and the rabbit were of the kind produced by toxins.

6. *Tumor of the Axis.*—A report in detail of a sarcoma in the body of the axis growing very slowly over a period of four years, which compressed the cord on the left side between the second and third cervical vertebræ. The motor symptoms consisted in paralysis, with marked wasting of the left sterno-mastoid and trapezius and an affection of the left eye, due to destruction of the left motor nuclei. The left phrenic nerve was completely paralyzed. The full details of the areas of anesthesia should be consulted in the original. JELLIFFE.

PSYCHOLOGISCHE EN NEUROLOGISCHE BLADEN

(March-April, 1903.)

1. Pathological-Anatomical Researches about the Gyrus Hippocampi, Cornu Ammonis and Gyrus Dentatus, principally in Insania Epileptica. J. P. HULST.
2. A Medico-Legal Examination. A. COUVEE and C. WINKLER.

1. *Pathological-Anatomical Researches about the Gyrus Hippocampi, Cornu Ammonis and Gyrus Dentatus.*—The author gives a report about the extensive literature of the subject. Bouchet et Gazauvieilh published in 1825 some cases, in which was found induration of the gyrus hippocampi together with hyperemia. They found, however, similar changes in other than in epileptical psychoses. Since that time a great many other (Bergman, Hoffmann, Meinert, Sommer, Pfleger and Worcester) published cases with alleged abnormalities in the pyramidal cells of the cornu ammonis. Some authors found similar changes even in 50 per cent. of the epileptics. Lastly have Robertson and Binswanger examined a number of cases and did not come to a positive result. Equally Gowers did not attribute any great value to the changes of the hippocampus in epilepsy. The author examined in 17 cases very carefully the different layers of ganglion cells of these structures. Very limited descriptions of the cases which the author gives do not sufficiently warrant the diagnosis, it appears. The weight of the brains amounted from 915 to 1505; the heaviest brains belonged to epileptics. Careful countings were made about the

number of ganglion cells in 6 different layers of the top and the base of the cortex as well of the gyrus dentatus as the hippocampus; especially epilepsy caused this.

Symmetry is very rare in the details of the hippocampus. (It would be worth attention to verify whether in the asymmetrical cases the predominance of the disturbances of motion and sensibility of one side might correspond with the side in which anatomically most changes were found. Ref.)

In the 17 cases 3 times was found a defect in the multipolar and pyramidal ganglion cells; of these three, two in insania epileptics and one in juvenile dementia; in the last case it was not sure that fits have occurred. The author cannot agree with Bratz in that B. found regularly the defective development in the entire cornu ammonis up to the uncus. He concludes that degeneration of the ganglia cells in the cornu ammonis is not a monopoly of epilepsy, but that also in other psychoses these peculiar abnormalities are found.

2. *A Medico-Legal Examination.*—A case of exhibitionisme in which the authors believe there was a defective development of intellect and deny the responsibility of the person in question for his act, it being the result of an abnormal sexual impulsion which could not be resisted.

Muskens (Hague).

MONATSSCHRIFT FUE YCHIATRIE UND NEUROLOGIE

(Vol. 14, 1903, No. 2, August.)

1. A Case of Erb's Plexus Paralysis, with Involvement of the Phrenicus and Sympathetic on the Same Side. U. Rose.
2. Ecnoic Conditions. H. Breukink.
3. Paraldehyde Delirium, and the Effects of Paraldehvde, with Remarks upon Other Hypnotics. M. Probst.
4. The Clinical Nature and Pathogenesis of Certain Forms of Psychoses of Anxiety. E. Stransky.
5. The Pathology of Paralysis of the Peroneus. S. Dans.
6. Report of the Eighteenth Meeting of the Southwest German Neurologists and Alienists on the 23rd and 24th of May, 1903, in Baden-Baden. R. Laudenheimer.

1. *Erb's Paralysis.*—A workman, thirty-two years of age, fell while intoxicated, striking the left arm and left side of the face. He fell asleep where he had fallen, and immediately after wakening noticed weakness in the left arm. This increased, but did not involve the hand. The left eye was smaller and there was paralysis of the left vocal cord. Finally there was no power of movement in the shoulder or elbow joint, but good movement of the hands. Sensation was normal, with the exception of a doubtful area of hypesthesia on the radial side of the arm. Later the patient developed paresthesia in the left arm, and an investigation with the Röentgen ray showed that the left side of the diaphragm did not move during respiration. The pupil remain contracted, but there was slight return of power in the arm. This rapidly improved and the patient gradually recovered power, although the movement of the diaphragm on the left side remained limited. The case represents characteristic Erb's paralysis, and in addition paralysis of the phrenic nerve on the left side and of the left sympathetic. The result was favorable, and on account of the absence of the reaction of degeneration the prognosis had always been good. The paralysis was probably brought about by hyperextension of the left arm during the drunken sleep, giving rise to compression of the plexus between the collar bone and the transverse processes of the fifth and seventh cervical vertebræ. It is also possible that as the patient